# Algorithm for the Management of Second Stage of Labor

**NO EPIDURAL** 

# CERVIX 10 CM

**RN** document time, SBAR to provider

Encourage the patient to listen to her body; there is no "right way" to push in this case, and the patient should push for as long as seems natural with each contraction. Open glottis pushing is preferable to "purple pushing" or "counting to 10" while holding breath. Offer coaching/advice as needed if pushing seems ineffective. Continuous RN bedside presence when pushing

# **ONE** HOUR PUSHING

NULLIP

MULTIP

If no progress:RN to SBAR provider re: maternal and fetal status, document the call; CNM/MD to evaluate patient and document plan of care.

# TWO HOURS

Delivery not imminent:RN to SBAR provider, document the call; CNM consult with MD; MD evaluate patient and document plan

# **THREE** HOURS

RN to SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

#### Delivery not imminent

RN to SBAR provider re: maternal and fetal status, document the call; CNM consult with MD; MD to evaluate patient and document plan

RN SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

RN document time, SBAR to provider

Evaluate pushing is prefera

Evaluate pushing. Open glottis pushing is preferable to "purple pushing" or "counting to 10" while holding breath. However, women with epidurals may need more coaching and may find holding their breath while pushing to be more effective.

## ONE

HOUR PUSHING

If no progress:RN to
SBAR provider re: maternal and fetal status,
document the call;
CNM/MD to evaluate
patient and document
plan of care.

### TWO

HOURS
If no progress: RN
to SBAR provider,
document the call
CNM/MD to evaluate
patient and document plan of care

# **THREE**

HOURS

Delivery not imminent

RN to SBAR provider
document the call;

CNM consult with MD;
MD evaluate patient
and document plan

### **FOUR**

HOURS RN to SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

#### Effective

and pt wishes to push: -Begin active pushing with continuous RN presence -SBAR provider -Document time

#### Not Effective

or no descent:
-Consider ONE
HOUR passive
descent
-SBAR provider
-Document
time

LTIP

#### Delivery not imminent

RN to SBAR provider re: maternal and fetal status, document the call; CNM consult with MD; MD to evaluate patient and document plan RN SBAR provider document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan RN SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

Adapted with permission from the Women's and Children's Department of Kaiser Roseville Medical Center